

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

08/945249

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	

OR

OR

OR

OR

OR

RATE	FEE
	730 790.00
x\$22=	
x82=	82
+270=	

TOTAL

TOTAL

10/2

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	6 minus 20 = *	
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

BEST AVAILABLE COPY

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	

TOTAL

TOTAL

ADDITIONAL FEE

ADDITIONAL FEE

AMENDMENT A

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total *	Minus **	=
Independent *	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

AMENDMENT B

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total *	Minus **	=
Independent *	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

AMENDMENT C

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total *	Minus **	=
Independent *	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Dock Number

08/945249 CPA 1/21/00

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	19 minus 20 =	—
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	380.00
x\$4=	
x\$39=	
+130=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	690.00
x\$18=	760.00
x\$78=	78.00
+260=	
TOTAL	768.00

* If the difference in column 1 is less than zero, enter "0" in column 2.

BEST AVAILABLE COPY

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPA is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPA is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TO OFFICE OF FINANCE
CRYSTAL PLAZA 2. LOBBY

08/945249
SERIAL NUMBER

FROM PCT INTERNATIONAL DIVISION-DO/EO

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE	AMOUNT	FEE CODE	AMOUNT
BASIC FEE		CLAIMS/MULTIPLE DEPENDENT	
960	_____	964	_____
961	_____	965	_____
970	930	966	_____
971	_____	967	_____
958	_____	968	_____
959	_____	969	_____
956	_____	LATE FEE/SURCHARGE	
957	_____	154	_____
962	_____	254	_____
963	_____	156	_____
OTHER:	_____	581	_____
_____	_____		
_____	_____		
_____	_____		

THE ORIGINAL METHOD OF PAYMENT

☐

BY A CHECK

☒

BY A CHARGE TO DEPOSIT ACCOUNT NO

19-2570

DO/EO FEE

my